



Customer Number
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

7

Application Number	10/707,697
Filing Date	January 5, 2004
First Named Inventor	Williams, et al.
Art Unit	3679
Examiner Name	Bochna, D.

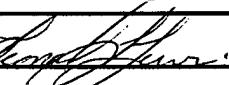
Attorney Docket Number

22188/06732

ENCLOSURES (Check all that apply)

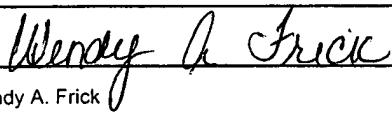
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
<p>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 03-0172.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Leonard L. Lewis		
Date	February 2, 2006	Reg. No.	31,176

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Wendy A. Frick	Date	February 2, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Typed or Printed name of person signing this certificate:

Wendy A. Frick

Signed: Wendy A. Frick



CUSTOMER NUMBER

24024

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	:	Examiner: Bochna, D.
Williams, et al.	:	
Serial No.:	10/707,697	:
Filed:	January 5, 2004	:
For:	FERRULE WITH RELIEF TO REDUCE GALLING	:
		Confirmation No.: 1696
		Attorney Docket No.: 22188/06732

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office action mailed November 3, 2005, Applicants hereby propose to amend the claims and otherwise respond as follows. It is believed that there are no fees associated with the filing and consideration of this amendment, however, **should the Commissioner decide that any fee or fee deficiency is due, the Commissioner is hereby authorized to charge any and all fees incurred as a result of entering this amendment and response, including but not limited to a petition for extension of time, to deposit account number 03-0172.**

Please amend the application as follows: